

## SIGNATURE VERIFICATION FORM

The following are authorized to sign vouchers for:

Agency Name	Agency Number				
Printed Name(s) of Approved Individual(s)	Signature(s) of Approved Individual(s)	Check boxes for authorities:			
		All	Payroll	Travel	Other (specify)

Please cancel the following names previously authorized (print):

		All	Payroll	Travel	Other (specify)

Please update your files to reflect the above changes to our listing of authorized signatures.

Approved - Agency Head	Date
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